									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								OR	10/08/7,807					
CLAIMS AS FILED - PAR (Cotumn 1)					PART	RT I (Column 2)			SMAI Typ	LL ENTITY	OR	OTHE	R THAN ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
BASIC FEE										395.00	OR		790.00	
TOTAL CLAIMS						• 45			x\$11=	=	OR	x\$22=	790.00	
INDEPENDENT CLAIMS			minus 3 =			· Ø			x41=	-	, v.,	x82=	e e Allei e e	
MULTIPLE DEPENDENT CLAIM PRESENT									+135=		OR 3	The State of the S		
If the difference in column 1 is less than zero, enter "O" in column 2								— —		OR	+270=	- 11.00 C		
L AFCLAIMS AS AMENDED - PART II							٠ _{,٣٠} ٠	TOTAL	· L	_ OR	TOTAL	100		
b :		₹ (Colum	m 1) 🤏	TOTAL FORDER	421-	olumn 2)	(Cotumn 3)	د ده ده	SMA	LL ENTITY	OR	OTHE SMALL	R THAN ENTITY	
AMENDMENT A		REMA	INING ?		₩N	GHEST S	PRESENT		34,	ADDI-		71270	ADDI-	
		AMEND AMEND				VIOUSLY . ID FOR	EXTRA	23, 14	RATE	TIONAL FEE	I s	RATE	TIONAL	
	Total	• 6	5	Minus -	ACT OF	oh	= 0		x\$11=		OB	x\$22=		
	Independent	. E)	Minus	***	5	= (x41=	-	OR	x82=		
	FIRST PRESENTATION OF MULTIPLE				DEPE	DEPENDENT CLAIM			+135=		OR	+270=	£(5°)	
								•	TOTA			TOTAL	Araban desiration	
	grangepalani, ny kaomini	(Colum			(0	olumn 2)	(Column 3)	<i>,</i>	VODIT. FEI	E	OR	NDDIT. FEEE I		
AMENDMENT B		CLAI REMAI AFT AMEND	INING ER		· NI PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA	RATI	RATE	ADDI- TIONAL FEE		PE AIN RATES	: PEE.	
	Total	•		Minus	**		=		x\$11=		OR	x\$22=	10 % 12 %	
	Independent	•		Minus	***		=		x41=		OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	27, 22	OR	÷270=°.		
		(Colum	27 X						TOTA		OR	MOTOTAL		
		CLA				olumn 2)	Column 3)	; 1				ADDIT. FEE	t miled medical	
AMENDMENT C		REMA	INING.		N	GHEST JMBER	PRESENT			ADDI		主播	ADDI-	
		然 AFT AM END	TER 🥳 IDMENT	The state of the s	PRE	VIOUSLY ON THE NEW YORK THE NEW	# EXTRA	********	RATE	TIONAL FEE		RATE	TIONAL FEE 3	
	Total ***			Minus #					x\$11=	-:-	- 323	x\$22=	West of the second	
	Independent		A.F.	Minus	•••		=		x41=		OR	x82=	.4526.	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	-	OR	+270=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									TOTA		1	TOTAL	 	
9 17	the "Highest Num the "Highest Number "Highest Number 1	nber Previ	iously Pa	ed For IN THI	S SPAC	F is lose than	3 emor "3"		ADDIT, FE	Ε	OR,	ANDIT FFE	<u></u>	